

# Montana Vaccines for Children (VFC) Program

## How to use the Vaccine Eligibility Form

The Vaccine Eligibility Form has been developed to assist VFC Providers in complying with VFC Program requirements. This form has been designed to capture VFC eligibility screening, information needed to complete the annual Provider Profile, and information needed to enter records into WIZRD. If you are submitting information to WIZRD in another manner, you only need to use the Vaccine Eligibility Form for VFC patients.

Please follow the instructions carefully, to ensure that you capture the numbers needed to fill out the yearly Provider Profile. Remember to count each patient only (under Patient Eligibility Status) once in the calendar year. (see example log on back of this sheet)

This Vaccine Eligibility Form is designed to follow a calendar year. Therefore, the form would start over each January. The Vaccine Eligibility Form must be kept for three years.

### Instructions:

1. Complete a row for each child at each visit where vaccines are given. If you are submitting information to WIZRD in another manner, you only need to complete a row for children who are VFC-eligible.
2. *AT FIRST VISIT IN THE CALENDAR YEAR:* Make a “✓” in the box that reflects the child’s age and eligibility status (e.g., Medicaid, Uninsured, or American Indian/Alaska Native). Make a “✓” in the “Patient Eligibility Status” ONLY at a child’s first vaccine visit in the calendar year. The only exception to this would be if the child’s status changes from “Insured Not Eligible for VFC” to a VFC eligible category. You will need to document that change by making a “✓” in the “Patient Eligibility Status” on the line for the most recent visit.
3. If a child’s status remains the same, but their age category (e.g., under 1 year to 1 to 6 years) changes during the calendar year, you should not document their “Patient Eligibility Status” again.
4. Make a “✓” under each dose administered at each visit. When administering Pediatric DT, ActHIB, pneumococcal polysaccharide (PPV23), Td, or meningococcal polysaccharide (MPSV4) write the vaccine initials (DT, A, PPV, Td, or MPSV) rather than a “✓”. These check marks and initials can be totaled to determine the amount of each type of vaccine you use during a given period. Total only the doses administered at VFC visits. Use these totals to project your needs when ordering VFC vaccines.
5. At the bottom of each sheet, total the “✓’s” under “Patient Eligibility Status” and sign in the signature box. The combined totals from all your sheets for a year will give you the age breakdown of number of children in each of the three VFC categories - Medicaid, Uninsured, American Indian/Alaska Native.
6. The Vaccine Eligibility Form must be available to the Montana DPHHS Immunization Program or US DHHS staff upon request.

~ SEE EXAMPLE ON OTHER SIDE OF THIS SHEET ~